



2017 Summer Program Application Form

Please complete and return this Application Form with a \$100 deposit per child to Bay Farm Montessori Academy, 145 Loring Street, Duxbury MA 02332. *Register early to ensure your child's space!*

Child's name _____ DoB _____ Grade _____ Gender: M F

I would like to sign my child up for the following session/s (Please copy form for additional children):

Elementary (6–12 years)	Pre-School (3–6 years)	Toddler (18 months–3 years)
Monday–Friday 8:30AM–3:00PM (\$360/WEEK) ___ Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___ Week 10	Monday–Friday (check one) ___ 8:30AM–12:00PM (\$230/WEEK) OR ___ 8:30AM–3:00PM (\$360/WEEK) ___ Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___ Week 10	Monday–Friday 8:30AM–12PM (\$255/WEEK) 8:30AM–3PM (\$410/WEEK) Tuesday–Thursday 8:30AM–12PM (\$160/WEEK) 8:30AM–3PM (\$285/WEEK) ___ Week 1 ___ Week 2 ___ Week 3 ___ Week 4 ___ Week 5 ___ Week 6 ___ Week 7 ___ Week 8 ___ Week 9 ___ Week 10

Counselor-in-Training: Send letter of interest to summerprogram@bfarm.org.
 Cost is \$200 per week. Hours are 8:15am-3:15pm.

PARENT _____
 ADDRESS _____
 TOWN/ST/ZIP _____
 CELL PHONE _____
 WORK PHONE _____ HOME PHONE _____
 E-MAIL ADDRESS _____

Total Amount Due	No. of Sessions	TOTAL
Number of Elementary Sessions for Child:	___ x \$360 =	___
Number of Pre-School (8:30–12) Sessions for Child:	___ x \$230 =	___
Number of Pre-School (8:30–3) Sessions for Child:	___ x \$360 =	___
Toddlers must attend a minimum of two consecutive weeks. Number of Toddler (M-F, 8:30–12) Sessions ___ x \$255 = ___ Number of Toddler (M-F, 8:30–3) Sessions ___ x \$410 = ___ Number of Toddler (T-Th, 8:30–12) Sessions ___ x \$160 = ___ Number of Toddler (T-Th, 8:30–3) Sessions ___ x \$285 = ___ Summer Theater (June 20–August 12) ___ x \$595 = ___		
Subtotal: \$		___

If you register your child for all 10 weeks and pay in full by April 1, you will receive a 10% discount. This discount may not be combined with any other discount or offer. For more information, email summerprogram@bfarm.org.

COST FOR ALL SESSIONS: \$ _____
 Amount Enclosed: \$ _____

I am interested in the Extended Day Program:
 7:30–8:30am 3:00–4:00pm 3:00–5:30pm

I have read the Cancellation Policy (left page).
 Signature _____ Date _____

Credit Card:
 VISA / MASTERCARD (CIRCLE ONE) CHECK HERE IF CREDIT CARD ON FILE
 NAME AS IT APPEARS ON CREDIT CARD: _____
 CREDIT CARD #: _____ EXP. DATE: _____
 Signature _____ Date: _____

If not paying in full, \$100 non-refundable deposit is due with application.
 Please Bill Me
(for year-round Bay Farm students)
 Check Enclosed
Please make checks payable to: Bay Farm Summer Program.

145 Loring Street Duxbury, MA 02332 phone: 781.934.7101 fax: 781.934.7102 www.bfarm.org

How did you hear about us? Friend Print ad Internet Other _____